



San Bernardino County
Solid Waste Management
222 West Hospitality Lane, Second Floor
San Bernardino, CA 92415-0017
(909) 386-8701 ~ FAX (909) 386-8900



PERMIT APPLICATION

The undersigned hereby applies for permission to encroach upon Solid Waste Management Division property to perform the following work. It is understood that completing this application does not constitute permission to commence the work on SWMD property.

CHECK ALL THAT APPLY:

☐

Access/
Encroachment

☐

Rock Removal
Operations

☐

Other (explain): _____

Fully describe work to be performed:

Area (city/community): _____

Premises/Location: _____

Location of work: _____

Permittee

Applicant/Designee for Permittee

Contact

Title

Address

Address

City

State

Zip

City

State

Zip

Applicant's Representative (Print)

Phone#

FAX#

Applicant's Representative (Signature)

IMPORTANT: In addition to this Permit Application, the following documents must be submitted prior to SWMD approving and issuing a valid Permit:

- Filing Fee (\$640 due at time of Permit Application submission)
- Deposit for materials to be purchased
- List of equipment to be used on site
- Haul route (approved by affected city, if any)
- Certificate of Insurance (as noted in the Permit Provisions)

First-come first-served basis will be determined by applicant(s) completing and submitting all required documents to SWMD.

SWMD STAFF USE ONLY:

☐ Permit Application filed : ____ / ____ / ____

☐ Filing Fee

☐ Deposit

☐ Equipment List

☐ Haul Route

☐ Insurance Certificate

☐ Permit issued: ____ / ____ / ____